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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**IF REQUIRED, FOREIGN FILING LICENSE**

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>SAC</i> Examiner's Signature	Initials			

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**TITLE**

Pattern correcting method of mask for manufacturing a semiconductor device and recording medium having recorded its pattern correcting method

FILING FEE RECEIVED 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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